

IONIZING RADIATION REGISTRY PROGRAM PROCEDURES

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook establishes procedures for the Department of Veterans Affairs (VA), VHA, Environmental Agents Service (EAS), Ionizing Radiation Registry Program. It implements changes in health services for veterans mandated by Public Laws 104-262 and 105-368.
- 2. SUMMARY OF MAJOR CHANGES:** This Handbook constitutes a total revision of VHA Manual M-10, "Environmental Medicine," Part II, "Ionizing Radiation Program," Chapters 1 and 2. The principal changes as mandated by Public Law 104-262 involve eligibility for care and adds conditions which VA now recognizes as being potentially radiogenic; Public Law 105-368 authorizes care and services, limited to examinations and treatment of head and neck cancers for veterans who had received nasopharyngeal radium treatments during active military, naval, or air service.
- 3. RELATED ISSUES:** VHA Directive 1301 and VHA Directive 98-059, December 23, 1998.
- 4. RESPONSIBLE OFFICIALS:** The Program Chief for Clinical Matters, Office of Public Health and Environmental Hazards (13), is responsible for the contents of this VHA Handbook. Questions may be referred to that individual at VHA Headquarters. ***NOTE:** Questions relating to eligibility for VA care, including enrollment should be directed to the eligibility staff at your facility.*
- 5. RESCISSIONS:** This VHA Handbook rescinds Manual M-10, "Environmental Medicine," Part II, "Ionizing Radiation Program," Chapters 1 and 2, dated March 30, 1992.
- 6. RECERTIFICATION:** This document is scheduled for recertification on/before the last working day of August 2004.



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Distribution: **RPC: 0005**
FD

Printing Date: 8/99

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IONIZING RADIATION REGISTRY PROGRAM PROCEDURES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth clinical and administrative policies related to the maintenance of the VHA Ionizing Radiation Registry (IRR) program of physical examinations for eligible, concerned veterans.

2. AUTHORITY

a. Public Law 99-576, "Veterans Benefits Improvement and Health Care Authorization Act of 1986," enacted October 28, 1986, required the Secretary of the Department of Veterans Affairs (VA) to establish and maintain an IRR of veterans exposed to radiation under conditions described in Title 38 United States Code (U.S.C.) § 1710(e)(1)(B). These conditions include:

(1) On site participation in a test involving the atmospheric detonation of a nuclear device (between 1945 and 1962), (whether or not the testing nation was the United States);

(2) Participation in the occupation of Hiroshima or Nagasaki from August 6, 1945, through July 1, 1946; or

(3) Internment as a Prisoner of War (POW) in Japan during World War II which the Secretary of Veteran Affairs, henceforth referred to as the Secretary, determines resulted in an opportunity for exposure to ionizing radiation comparable to that of veterans involved in the occupation of Hiroshima or Nagasaki. **NOTE:** See 38 U.S.C. § 1710(e)(4)(B), referencing 38 U.S.C. § 1112(c)(3).

b. Section 901 of Public Law 105-368, "Veterans Programs Enhancement Act," enacted November 11, 1998, codified at 38 U.S.C. § 1720E, states in part, that the Secretary may provide a medical examination, hospital care, medical services, and nursing home care, which the Secretary determines is needed for the treatment of any cancer of the head or neck which the Secretary finds may be associated with the veteran's receipt of Nasopharyngeal (NP) radium irradiation treatments while in the active military, naval or air service.

3. SCOPE

a. Registry examinations will be provided to eligible veterans who may have been exposed to a radiation-risk activity under the conditions described in this Handbook. In the absence of evidence to the contrary, a veteran's assertion of exposure at a nuclear device testing site (the Pacific Islands, e.g., Bikini, NM, NV, etc.) or in Hiroshima and/or Nagasaki, Japan, will be accepted.

b. Medical examinations may be provided to veterans who have received NP radium irradiation treatments while in the active military, naval or air service, and are experiencing head or neck complaints or who are concerned about possible adverse effects of their NP radium treatments.

(1) To be eligible for these medical examinations, a veteran must have:

(a) Documentation of NP radium treatment in active military, naval or air service;

(b) Served as an aviator in the active military, naval or air service before the end of the Korean conflict; or

(c) Undergone submarine training in active naval service before January 1, 1965.

***NOTE:** Eligible veterans do not have to be enrolled in VA care to receive IRR examinations and co-payments are not required.*

4. DESCRIPTION OF SERVICES

The registry examination protocol for registry examinations authorized under conditions described in 38 U.S.C. 1710 (e) (1) (B) and medical examinations authorized for veterans who received NP treatments, authorized under conditions described in 38 U.S.C. 1720E, is described in paragraph 11 of this Handbook. Congress made it clear that 38 U.S.C. Section 1710 (e) (1) (B) and 1720E provide for healthcare only and that a determination that the veteran is eligible for such care does not constitute a basis for service-connection or in any way affect determination regarding service-connection.

5. ELIGIBILITY CRITERIA

VA will provide an IRR examinations and medical examinations to veterans who may have been exposed to radiation-risk activity under conditions described in paragraph 2 of this Handbook.

a. The IRR will consist of physical examinations with access to supplemental data on compensation claims and radiation exposures from the Veterans Benefits Administration (VBA) and the Department of Defense's (DOD's) Defense Threat Reduction Agency (DTRA), (formerly the Defense Special Weapons Agency (DSWA) and the Defense Nuclear Agency (DNA). VA shall compile and consolidate all pertinent information maintained by relevant elements of VA or DOD. According to the DTRA, over 200,000 test participants have been identified as to their specific involvement and their recorded radiation exposure. Approximately an equal number of service personnel were involved in occupation duties at Hiroshima and/or Nagasaki.

b. The Environmental Epidemiology Service (EES) in conjunction with DTRA will share files, when deemed appropriate, to obtain updated information on each veteran in the IRR, i.e., radiation exposures, unit assignments, etc.

c. Eligible veterans applying for treatment in a VA medical center and/or outpatient clinic should be encouraged to undergo an ionizing radiation examination, if they have not previously done so. Under the new eligibility program, veterans requesting IRR examinations do not have to be enrolled in the VA's healthcare system.

d. Veterans should be advised that examination or treatment for radiation-related diseases does not constitute a formal claim for compensation. Although the results of an IRR examination may be used to support a compensation claim, the examination will not, in and of itself, be considered such a claim. Veterans who wish to submit a claim for conditions possibly related to radiation exposure should do so via the normal claims process at the nearest VA Regional Office of jurisdiction, or through a veterans benefits counselor physically located at VA health care facilities.

6. PROGRAM MANAGEMENT

***NOTE:** The Registry Physician (RP), Registry Coordinator (RC), and health administration staff of each VA facility play a significant role in determining the perceptions Ionizing Radiation (IRAD) veterans have concerning the quality of VA health care service and of their individual treatment by VA health care providers.*

a. **RP.** An RP and one or more alternates will be designated by the facility Chief of Staff (COS). In order to keep abreast of current information and program activities, RPs and assistants should be familiar with various materials distributed by VHA Headquarters. All program officials should attend the periodic Environmental Agents Service (EAS) conference calls from VHA Headquarters, and all RPs, with computer access, should contact VHA Headquarters, EAS to be enrolled in the electronic mail group in Microsoft (MS) Exchange identified as "Registry Physicians."

b. **RC.** The RC and alternate(s) will be designated by the facility Director's office. All RCs should attend the periodic EAS conference calls from VHA Headquarters, and all RCs, with computer access, should contact VHA Headquarters, EAS to be enrolled in the electronic mail group in MS Exchange identified as "Registry Coordinators."

c. **RP and RC Listings.** Separate listings of the RPs and RCs are maintained by EAS. In an effort to keep these listings current, facilities are requested to notify EAS of changes as they occur in status of the RPs and RCs at their respective facilities and/or satellite clinics. These listings will include the name, title, mail routing, and commercial telephone and FAX numbers with area code, and should be submitted, in writing, to EAS (131), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420.

7. RP RESPONSIBILITIES

The RP is responsible for the program's clinical management and will serve in an advisory capacity for the administrative management of the program. Major responsibilities include:

a. **Counseling.** The RP advises the veteran of all aspects of the IRR examination.

b. **Documenting the Physical Examination.** The RP must:

(1) Conduct and document the physical examination in the Consolidated Health Record (CHR).

(a) This examination involves the taking of a complete medical history to include information about:

1. Family;

2. Occupation;

3. Social activities noting tobacco, alcohol, and drug use; and

4. Psychosocial condition.

(b) If a veteran is subsequently diagnosed with a significant radiation-related health problem by a non-VA physician, the veteran is to be encouraged to contact the veteran's local VA medical center to include additional diagnoses in the CHR and IRR.

1. This new diagnosis must be submitted over the non-VA physician's signature on official letterhead.

2. A code sheet identified as, follow-up examination, Type C, will be completed with this diagnosis and forwarded to the Austin Automation Center (AAC) for inclusion in the IRR.

(2) Review and complete Part I of VA Form 10-0020A, Ionizing Radiation Code Sheet, if necessary. **NOTE:** *No edition of VA Form 10-0020A, earlier than July 1999 may be used.*

(3) Complete Part II of VA Form 10-0020A (see App. D).

(4) Review the records of every IRAD veteran examined to ensure that a complete physical examination was performed and documented.

(5) Personally discuss with each veteran the:

(a) Findings of the physical examination and completed diagnostic studies. **NOTE:** *The interview will be conducted in such a way as to encourage the veteran to discuss health*

concerns, as well as those of family members, as they relate to ionizing radiation exposure. This information will be documented in the veteran's CHR. Every effort should be made to maintain the veteran's current address in the veteran's health care records and in the Veterans Health Information Systems and Technology Architecture (VISTA) computerized information system.

(b) Need for follow-up examination(s) either recommended by the RP or requested by the veteran.

c. **Preparing and Signing Follow-up Letter.** The RP will ensure that appropriate personalized follow-up letters, explaining the results of the examination and laboratory studies, have been signed and mailed to the veteran (see App. A).

(1) Follow-up letters will be mailed to the veteran within 2 weeks of the initial examination. The only exception to this timeframe will be when a consultation at a specialty clinic is requested as part of the initial examination process. This exception suspends, but does not remove, the requirement for the follow-up letter. The follow-up letter will be sent within 2 weeks after the consultation.

(2) A dated copy of the follow-up letter will be filed in the veteran's CHR. ***NOTE: It is essential that this letter be written in language that can be easily understood by the veteran. Inappropriate wording could unduly alarm or confuse the veteran. A great deal of sensitivity and care should be exercised in the preparation of this correspondence.***

(3) The follow-up letter will explain that:

(a) If the veteran examined has no detectable medical problems, the follow-up letter should so indicate and suggest that the veteran contact the nearest VA health care facility if health problems appear later.

(b) If it is determined upon examination that the veteran does have medical problems, it is not necessary to specify the problems in the letter. The veteran is to be advised in the letter that the recent examination indicated a health condition and/or problem, which may require further examination and/or treatment.

(c) If the veteran requires medical treatment, the letter is to advise the veteran to apply for enrollment and provide the name of a contact person, including telephone number, within the facility. If the veteran is not eligible for treatment, the letter is to so advise and recommend that the veteran seek appropriate medical care elsewhere.

8. REGISTRY COORDINATOR RESPONSIBILITIES

The RC is responsible for the administrative management of the program, including:

a. **Scheduling of Appointments.** Every effort should be made to give veterans ionizing radiation examinations within 30 days of the request date.

b. **Monitoring Timeframe Compliance.** All of the following require timeframe compliance:

- (1) **Follow-up Letters.** Mail to veteran within 2 weeks of initial registry examination.
- (2) **Registry Examination Appointment.** Schedule within 30 days of request date.
- (3) **VA Staff (RC and RP) Changes.** Advise VHA Headquarters (131) as they occur.
- (4) **Registry Code Sheets (VA Form 10-0020A) for Initial and Follow-up Examinations** Mail to AAC by the 15th workday of the following month (see App. D).
- (5) **Invalid Registry Code Sheets (VA Form 10-0020A).** Correct and mail to the AAC ten workdays following receipt from the AAC.

c. **Reviewing Records for Accuracy and Completion.** All required records, e.g., computerized or card file records, follow-up letters, transmittal forms, registry code sheets of veteran participants, and CHRs are to be completed and reviewed for accuracy.

d. **Data for Reporting Purposes.** Required registry data should be obtained from the veteran or family, entered on IRAD Code Sheets and submitted to the AAC for entry into the IRR dataset. The AAC will provide IRR data reports to VHA Headquarters based on VA facility input.

e. **Disseminating Information.** It is important that each veteran be fully advised of the IRR examination program. Facility staff is encouraged to fully communicate all aspects of the IRR examination program by any appropriate means. The following suggestions might be considered:

(1) Provide each veteran reporting to the Outpatient and Admission areas with a handout describing the purpose of the examination and its limitations. The examining physician during the course of the physical examination can further clarify this, preferably prior to beginning the physical examination process.

(2) Provide each veteran with current Office of Public Affairs News Service Fact Sheets and display these in prominent areas (outpatient clinics, admission areas, etc.) to ensure availability to veterans and other interested individuals.

(3) The RC receives all IRAD related inquiries, and is responsible for communicating appropriate information.

(4) The RC posts and communicates the names, locations, and office telephone numbers of the RP and the RC to concerned VA facility staff. **NOTE:** *An appropriate method is the use of medical center memoranda providing registry policy and procedures and those responsible for carrying out these policies.*

f. **Maintaining a Computerized Record or Card File.** The RC must establish and maintain a computerized record (or alpha card file) of all registry participants. Each record prepared should include the veteran's:

- (1) Full name,
- (2) Address,
- (3) Telephone number,
- (4) Date of birth,
- (5) Social Security Number (SSN),
- (6) Service Number,
- (7) Date of initial examination (including date of code sheet submission to AAC), and
- (8) Date(s) of subsequent follow-up examination(s) to include date of code sheet submission to AAC.

g. **Completing Code Sheet**

(1) The RC completes Part I of VA Form 10-0020A, before the veteran is referred to the clinician for the examination (see App. D).

(2) To further ensure the form's completeness, the clinical examiner will review it and, if necessary, enter missing items at the veteran's direction. In addition, the RP will inquire whether any of the veteran's natural children or grandchildren have any birth defects "Y(es)," "N(o)," or "U(nknown)," in Item 15, describing these defects in Item 18 "Remarks" section of the code sheet and in the CHR. **NOTE:** *Refer to instructions in Appendix D.*

(3) In the event the veteran applying for care, who claims exposure to IRAD does not wish to participate in the registry, a code sheet will be completed and retained in the veteran's CHR. **NOTE:** *Do not send it to AAC.* In the "Remarks" section, Item 18, indicate current date and note that the veteran did not want to participate in the registry.

(4) Establishing and updating the CHR. The RC will establish a medical record if one does not already exist. VA Form 10-1079, Emergency Medical Identification, should be affixed to the front of the record and the word "RADIATION" circled. Any veteran claiming exposure to IRAD and all veterans participating in the registry should have VA Form 10-1079 affixed to the front of the CHR. Completed original code sheets (VA Form 10-0020A), dated follow-up letters, all medical records of registry examinations, and laboratory and/or test results will be maintained in veteran's CHR.

9. INCARCERATED VETERANS

a. Circumstances under which incarcerated veterans may be accepted for treatment in VA facilities are limited. A veteran in the custody of penal authorities, or under criminal charges, does not forfeit any right to medical care by VA.

b. Incarcerated veterans may be accepted, if otherwise eligible, for medical care only when released by an authorized official under circumstances where there is no obligation placed on VA to exercise custodial restraint, or to ensure the return of the veteran to custody upon completion of treatment.

c. VA will not provide outpatient treatment at a penal institution for an incarcerated veteran.

d. If a veteran is paroled from a penal institution for the purpose of receiving VA staff care, the penal institution will be informed that VA is under no obligation for:

- (1) The custody of the veteran, or
- (2) The administration of punishment to the veteran, and/or
- (3) The return of the veteran to civil authorities either during or upon completion of treatment.

NOTE: *The clinic Director, or designee, will notify the civil authorities when treatment will be completed.*

e. VA will not routinely bill the Bureau of Prisons for the treatment of eligible veterans who are treated in VA facilities.

f. For purposes of entry into the IRR, VA medical facilities can provide assistance to penal authorities or institutions agreeable to conducting examinations to veterans. **NOTE:** *The VA will not reimburse the penal authorities when they conduct these IRR examinations.*

- (1) Copies of directives, code sheets, etc., will be provided to penal institutions upon request.
- (2) Penal authorities must be advised at the time of such requests that the results of the examination provided at their institutions must be returned to the VA medical facility of jurisdiction for inclusion, in the veteran's behalf, in VA's IRR.
- (3) A recommendation can be made to the penal institution to retain a copy of the examination documents submitted to VA. Such documents should be maintained by penal authorities until release of the individual from the penal institution.

10. VETERANS WITH OTHER THAN HONORABLE DISCHARGES

The requirements of VHA Manual M-1, Part I, Chapter 4, apply to veterans with less than honorable discharges applying for IRR examinations.

11. CONDUCTING THE PHYSICAL EXAMINATION

- a. It is essential that a complete medical history, physical examination, and interview be performed and documented on appropriate medical record standard forms, by/or under the direct supervision of the RP or alternate.
- b. The person actually performing the physical examination will be identified with the signature and title Doctor of Osteopathy (D.O.), Doctor of Medicine (M.D.), Physician's Assistant (P.A.), Certified Nurse Practitioner (CNP), etc. Examination completed by other than a physician must be completed by medical personnel privileged to do physical examinations. A physician's countersignature (preferably the RP's) is required on all examinations completed by other than a physician.
- c. When an IRAD examination is done as part of a compensation and pension examination, the physical examination will be done by/or under the direct supervision of the RP or alternate.
- d. Special attention will be given to the following conditions which VA has recognized by statute or regulation as being associated with radiation exposure:

NOTE: *The International Classification of Diseases - Clinical Modification (Ninth Edition) (ICD-9-CM).*

DIAGNOSIS	ICD-9-CM (Reference Guides)
(1) Leukemia, Lymphoid (except chronic lymphatic leukemia)	204-204.9 (except 204.1)
(2) Leukemia, Myeloid	205
(3) Leukemia, Monocytic	206
(4) Leukemia, Hairy Cell	202.4
(5) Leukemia, other	207
(6) Leukemia, Unspecified cell type	208
(7) Thyroid Cancer	193
(8) Breast Cancer	174-175

DIAGNOSIS	ICD-9-CM (Reference Guides)
(9) Lung Cancer (malignant neoplasm of trachea, bronchus, and lung)	162
(10) Bone Cancer	170
(11) Primary Liver Cancer	155
(12) Skin Cancer	172-173
(13) Esophageal Cancer	150
(14) Stomach Cancer	151
(15) Colon Cancer	153
(16) Pancreatic Cancer	157
(17) Kidney Cancer	189.0
(18) Urinary Bladder Cancer	188
(19) Salivary Gland Cancer (malignant neoplasm of major salivary gland)	142.
(20) Multiple myeloma	203
(21) Posterior Subcapsular Cataracts	366.02
(22) Non-malignant Thyroid Nodular Disease	241, 226
(23) Ovarian Cancer	183
(24) Parathyroid Adenoma	227.1
(25) Tumors of the brain and central nervous system	191-192
(26) Lymphomas other than Hodgkins Disease	200,202.0, 202.1, 202.2, 202.8, 202.9
(27) Cancer of the Rectum	154.1
(28) Cancer of the Small Intestine	152

DIAGNOSIS**ICD-9-CM (Reference Guides)**

(29) Cancer of the Pharynx	146, 147, 148, 149
(30) Cancer of the Bile Duct	156.1
(31) Cancer of the Gall Bladder	156.0
(32) Cancer of the Renal Pelves, Ureters and Urethra	189.1, 189.2, 189.3
(33) Cancer of the Prostate	185
(34) Other malignancy(ies), not listed in the preceding diagnoses. <i>NOTE: Other conditions may be recognized in the future.</i>	

e. In gathering medical history data, it is important to record the time of the onset of the veteran's:

- (1) Symptoms or conditions,
- (2) Intensity,
- (3) Degree of physical incapacitation, and
- (4) Details of any treatment received.

f. Each veteran will be given the following baseline laboratory studies:

- (1) Chest X-ray (as determined to be medically necessary);
- (2) Complete blood count;
- (3) SMA-6, SMA-12, or equivalent blood chemistries and enzyme studies; and
- (4) Urinalysis.

g. Appropriate additional diagnostic studies are to be performed and consultations obtained as indicated by the patient's symptoms and physical and laboratory findings.

h. Non-routine diagnostic studies, such as computed tomography or magnetic resonance imaging, should be performed only if medically indicated.

i. Laboratory test results are to be filed in the CHR.

12. REPORTING REQUIREMENTS

a. Code Sheet Submission

- (1) Reports Control Number 10-0110, applies to this reporting requirement.
- (2) A monthly submission of VA Form 10-0020A, will be made to the AAC by the 15th workday of the following month (see App. D).
- (3) Medical data should NOT be attached to the submitted code sheets.
- (4) One legible copy should be sent to AAC, and the original filed in the veteran's CHR.
- (5) Code sheets should be alphabetized by veteran's last name.
- (6) Two copies of VA Form 7252, Transmittal Form for Use in Shipment of Tabulating Data, will be used to transmit code sheets.

b. Monthly Statistical Report

- (1) Submit statistical information using VA Form 7252 as indicated (see example in App. D).
- (2) The "cumulative count" figure is the total number of veterans who have had registry examinations for the calendar year.
- (3) Negative Reports. Negative reports are not required; i.e., if there were no exams or code sheets processed for the month.

c. RP and RC Listings. Separate listings of the RPs and RCs are maintained by the EAS. In an effort to keep these listings current, facilities are required to notify the EAS of any changes at their respective facilities and/or satellite clinics (refer to subpar 6c).

d. Forms Acquisition.

(1) Forms indicated in this manual may be obtained from the Forms and Publication Depot through local channels. **NOTE:** *VA Form 30-7252 has been changed to VA Form 7252. The form itself has not been revised.*

(2) Facilities can use either form when submitting reports. VA Form 10-0020A is available on the Intranet at <http://vaww.gov/forms/medical/searchlist.asp>.

13. RECORDS CONTROL AND RETENTION

a. Records Control

- (1) Consolidated Health Record (CHR) will be established if one does not exist.

- (2) A locator record will be created for the card file.
 - (3) A VA Form 10-1079, Emergency Medical Identification, sticker will be affixed to the front of the CHR and word "Radiation" circled.
 - (4) The code sheet will be prepared with one copy.
 - (a) The original and the laboratory test results, progress notes, etc., will be filed in the CHR, and
 - (b) A legible copy of the code sheet will be sent to the AAC in Austin, TX, for entry into the IRR master record.
- b. **Records Retention.** IRAD examination documents become part of the patient's CHR, i.e., medical records, and are retained in accordance with VHA Records Control Schedule 10-1. This includes:

- (1) VA Form 10-0020A,
- (2) Progress notes,
- (3) Laboratory reports,
- (4) Patient locator cards,
- (5) X-rays, and
- (6) Any other documentation that may have been part of a radiation examination.

14. EDUCATION AND TRAINING

a. Current information on the status of the IRAD Program should be presented to VA medical center staff (e.g., at staff conferences or grand rounds), veterans organizations, and community groups. **NOTE:** *This is an excellent means of exchanging ideas in a continuing effort to update and provide quality management of the IRAD Program*

(1) Telephone Conferences with VA medical facilities are held periodically by EAS, VHA Headquarters. **NOTE:** *Minutes of these telephone conferences, research journal reprints, and other educational items such as current Office of Public Affairs News Service VA Fact Sheet on "VA Programs for Veterans Exposed to Radiation" and VA Fact Sheet on "Nasopharyngeal Radium Therapy" are distributed by EAS to all RPs and RCs.*

b. Education and training should ensure the successful accomplishment of the following goals:

- (1) Communicate effectively with special program participants by understanding the individual needs of specific groups of veterans.
- (2) Acquire an in-depth knowledge of the specific processes, designated responsibilities, and time standard requirements of the Ionizing Radiation Program.

**SAMPLE IONIZING RADIATION FOLLOW-UP LETTER
(MEDICAL PROBLEMS INDICATED)**

(Date)

(Name/Address)

Dear _____:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Ionizing Radiation Registry (IRR) Program. This effort should prove to be helpful in assisting us to serve you with the possible health problems that may have resulted from a radiation-risk activity during

- a. active military service; OR
- b. as a member of a reserve component of the Armed Forces during a period of active duty for training or inactive duty training; OR
- c. active military service for those persons who received nasopharyngeal irradiation treatments).

As discussed at the conclusion of your visit, results of your examination and laboratory tests showed certain problems (optional -- these findings may be described in lay terms). In view of these findings, we have scheduled you for treatment of these health problems on (date). If for any reason you cannot keep this appointment, please call (phone number) at the earliest possible time to cancel and reschedule.

If you have any questions or concerns about your IRR examination, please contact the Registry Coordinator (phone number) for assistance.

Please remember that this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim for compensation to establish service connection, please contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (phone number). Compensation claims need not be filed only for injury or illness incurred in combat; the law requires only that a disease or disability was incurred or aggravated during military service. If you need any further assistance, you may contact a Veterans Benefits Counselor by calling the VA toll-free telephone number 1-800-827-1000.

If a non-VA physician subsequently evaluates you and finds a new diagnosis, you are encouraged to provide the VA with all additional diagnoses, which will be included in your medical record as well as the IRR.

We trust this information is helpful to you.

Sincerely,

_____ (Name) _____

_____ (Registry Physician) _____

**SAMPLE IONIZING RADIATION REGISTRY FOLLOW-UP LETTER
(NO MEDICAL PROBLEMS)**

(Date)

(Name/Address)

Dear _____:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Ionizing Radiation Registry (IRR) Program. This effort should prove to be helpful in assisting us to serve you with the possible health problems that may have resulted from a radiation-risk activity during:

- a. active military service; OR
- b. as a member of a reserve component of the Armed Forces during a period of active duty for training or inactive duty training; OR
- c. active military service for those persons who received nasopharyngeal irradiation treatments).

As discussed at the conclusion of your visit, results of your examination and laboratory tests indicate that there are no detectable medical problems. At this time you have no reason to be concerned about any adverse health effects resulting from your active military service (either during the American occupation of Hiroshima and/or Nagasaki, Japan, and/or at the testing of a nuclear device, and/or as Prisoner of War during World War II with possible exposure to ionizing radiation, and/or treatment with Nasopharyngeal Radiation).

If a non-VA physician subsequently evaluates you and finds a new diagnosis, you are encouraged to provide the VA with all additional diagnoses, which will be included in your medical record as well as the IRR.

We trust this information is helpful to you.

Sincerely,

_____ (Name) _____

_____ (Registry Physician) _____

DEFINITIONS AND ACRONYMS

1. **Austin Automation Center (AAC).** The AAC, Austin, TX, is the location where code sheets are collected and entered into the computerized registry.
2. **Automated Management Information System (AMIS).**
3. **Certified Nurse Practitioner (CNP).**
4. **Chief of Staff (COS).**
5. **Consolidated Health Record (CHR).** The CHR is a file containing medical records relating to patient identity, diagnosis, prognosis, or treatment at VA health care facility.
6. **Defense Special Weapons Agency (DSWA).** The DSWA was formerly the Defense Nuclear Agency (DNA) and is now identified at the Defense Threat Reduction Agency (DTRA)
7. **Defense Threat Reduction Agency (DTRA).** The DTRA was formerly the DSWA and DNA.
8. **Department of Defense (DOD).**
9. **Department of Veterans Affairs (VA).**
10. **Doctor of Osteopathy (D.O.).**
11. **Doctor of Medicine (M.D.).**
12. **Environmental Agents Service (EAS).** The EAS, VHA Headquarters, has the responsibility to coordinate and monitor all VHA activities, research and otherwise, relating to the ionizing radiation issue.
13. **Environmental Epidemiology Service (EES).** The EES, VA, is the Service responsible for providing epidemiological expertise to support clinical care as well as performing relevant research studies.
14. **Facility.** A facility is any VA entity which provides IRR examinations to veterans.
15. **Follow-up Examination.** A follow-up examination is an examination which is performed subsequent to the completed initial (first) examination. ***NOTE:** This is not a consultation associated with the initial examination.* Code sheets for the first follow-up examination are to be submitted to AAC. Code sheets for subsequent follow-up examinations, if performed, do not have to be submitted to the AAC unless there is a change in diagnosis.

16. **Initial Examination.** An initial examination is the first physical examination which is completed and sent to the AAC for the purpose of entering a veteran into the IRR system.
17. **Ionizing Radiation (IRAD).** Ionizing Radiation is any of the various forms of radiant energy that causes ionization when it interacts with matter. The most common types are alpha radiation, made up of helium nuclei; beta radiation, made up of electrons; and gamma and x rays, consisting of high-energy electromagnetic radiation.
18. **International Classification of Diseases - Clinical Modification (Ninth Edition)(ICD-9-CM).** The ICD-9-CM provides standardized classification of diseases.
19. **Ionizing Radiation Registry (IRR).** The IRR, managed centrally by the EAS in VA Headquarters, is a computerized index of veteran participants, and the coded findings of radiation physical examinations including related diagnostic data.
20. **Patient Treatment File (PTF).**
21. **Physician's Assistant (P.A.).**
22. **Prisoner of War (POW).**
23. **Records Control Schedule (RCS) 10-1.** The RCS-10-1 is a document providing instructions for record retention and disposition.
24. **Registry Coordinator (RC).** The RC is a non-physician responsible for administrative management of the Ionizing Radiation program at each VA medical facility.
25. **Registry Physician (RP).** The RP is responsible for clinical management of the Ionizing Radiation Program at each VA medical facility.
26. **SMA (6/12).** The SMA (6/12) is the Manufacturer's Trademark for a Chemistry Analyzer.
27. **Social Security Number (SSN).**
28. **Veterans Benefits Administration (VBA).**
29. **Veterans Benefits Counselor (VBC).**
30. **VA Form 10-0020A.** VA Form 10-0020A, the July 1999 edition, is the updated Ionizing Radiation Registry code sheet replacing the May 1987 edition of VA Form 10-0020A.
31. **VA Form 10-1079.** VA Form 10-1079 is the Emergency Medical Identification sticker which is to be affixed to front of CHR.

32. **VA Form 7252.** The VA Form 7252, May 1989, is the transmittal form for use in shipment of tabulating data. *NOTE: This form was previously numbered VA Form 30-7275.*

33. **Veterans Health Administration (VHA).**

34. **Veterans Health Information Systems and Technology Architecture (VISTA).** VA computer system (formerly called Decentralized Hospital Computer Program [DHCP]) that supports day-to-day operations at local VA health care facilities.

35. **Veterans Integrated Service Network (VISN).**

**INSTRUCTIONS FOR COMPLETING VA FORM 10-0020A,
IONIZING REGISTRY CODE SHEET****1. General Instructions for Completing VA Form 10-0020A**

a. A legible copy of the original code sheet will be prepared and submitted to the Austin Automation Center (AAC), Austin, TX, in the initial and the first follow-up examinations (if required). The original code sheet will be filed in the medical record after verification for correctness by AAC. Additional follow-up examinations, as required, will continue to be documented in the Consolidated Health Record (CHR) and a code sheet will be prepared for the first follow-up examination and submitted to AAC. All subsequent code sheets for follow-up examinations will not be submitted to AAC, with the exception that if there is a change in diagnosis, then a code sheet will be prepared and submitted for entry into the Ionizing Radiation Registry (IRR).

b. Print clearly using a BLACK ball-point pen or a BLACK felt-tipped pen. Follow instructions carefully to ensure that ALL data fields are accurately completed. Enter one letter or number per block. The numeric zero must be slashed "0" to distinguish it from the alpha character, as Ø.

(1) Part I of the code sheet should be completed in the presence of the veteran.

(2) Part II of the code sheet should be completed at the time of the examination by the Registry Physician (RP) or alternate. Once completed, this code sheet should be returned to the Registry Coordinator (RC) for review and mailing to AAC.

2. Instructions for Completing Part I**Item 1. Facility Number and Suffix - Blocks 2-7.**

Enter facility code as listed in the Department of Veterans Affairs (VA) Manual MP-6, Part XVI, Supplement Number 4.1, Appendix A. Use the Automated Management Information Systems (AMIS) suffix (BY, BZ, etc.) to indicate your satellite facility. DO NOT USE Q, R, or S.

Item 2. Last Name of Veteran - Blocks 8-33.

Beginning in Block 8, enter veteran's last name. Do not use accent marks in the name or skip blocks between the letters of the last name. Skip a block if the last name is followed with JR, SR, I, II, III, etc.

Item 3. First Name of Veteran - Blocks 34-48.

Beginning in Block 34, print the veteran's first name.

Item 4. Middle Name of Veteran - Blocks 49-58.

Beginning in Block 49, enter veteran's middle name or initial.

Item 5. Type of Examination - Block 59

The following transaction type should be entered in Block 59 as appropriate.

A - Initial examination. Veteran's first IRR examination.

B - To delete an entire initial examination with a noted error, after it has been accepted into the registry, resubmit the original code sheet, white out the "A" and enter a "B", using a RED pen or pencil. After the AAC has deleted this examination record from the registry dataset, submit another code sheet with the correct information with an "A." All fields must be completed on a resubmission.

C - Follow-up examination(s). Veteran's second and subsequent IRR examinations. Additional follow-up examinations (these are not consultations relating to the initial examination) required, will continue to be documented in the CHR, and a code sheet will not be prepared or submitted to AAC with the following exception: if a diagnoses differs from previously submitted code sheets, then a code sheet should be prepared and submitted for entry into the IRR.

D - to delete an entire follow-up examination with a noted error, after it has been accepted into the registry, resubmit the original code sheet with a "D" and after the AAC has deleted this record from the registry dataset, submit another code sheet with the correct information with a "C."

E - To submit a change in demographics (i.e., name, address or date of birth), enter "E." Complete items with name, Social Security Number (SSN), date of birth, and address. No other items need to be completed.

X - When a registry participant has been identified and verified as being deceased, enter "X." Complete items with name, SSN, and date of birth. No other items need to be completed. (AAC will retain these records in data set noting that veteran is deceased.)

Item 6. SSN - Blocks 60-69.

Block 60 is to be used ONLY if a pseudo SSN is being submitted. In this event, the letter "P" will be entered in Block 60. Leave Block 60 blank when the actual SSN is used as the AAC will enter the pseudo number in these blocks.

***NOTE:** See MP-6, Part XVI, Supplement Number 41, Chapter 2, for instruction on pseudo SSN assignment.*

Item 7. Service Serial Number - Blocks 70-79.

Beginning in Block 70, enter the Service Serial Number. Unused blocks remain blank. If the serial number begins with “US” Blocks 72-79 must be completed. Fill unused block(s) with “0” for this instance only. If the serial number is unknown, enter a “U” in Block 70. Unused blocks remain blank. However, every effort must be made to obtain the Service Serial Number as it will allow research staff to link this questionnaire to exposure data at the Defense Threat Reduction Agency.

Item 8. Date of Birth - Blocks 80-87.

Beginning in Block 80, enter numerical equivalent for the month, day and four digit year (e.g., 01/19/1950). All blocks must be completed.

Item 9. Claim Number - Blocks 88-95.

Beginning in Block 88, enter the VA claim number. If unknown, enter “U” in Block 88.

Item 10. Claimant’s Telephone Number (include Area Code) - Blocks 96-105.

Beginning in Block 96, enter the veteran’s current telephone number, including area code (if available).

Item 11. Address (Street Name and Apartment Number (if applicable) - Blocks 106-131

Beginning in Block 106, enter veteran's current street address, Post Office Box, etc. Leave one blank block between street number and name.

Item 12. City or Town, County, State, Zip Codes - Blocks 132-171

- a. Block 132. Beginning in Block 132, enter veteran’s city or town.
- b. County and State. Enter name of county and state in fields without Block numbers.
- c. Blocks 158-162. Enter the five-digit Zip Code.
- d. Blocks 163-166. Optional – enter the extended four digit Zip Code.
- e. Blocks 167-169. Enter County Code.
- f. Blocks 170-171. Enter State Code.

Item 13. Sex. Block 172 - Enter either “M” for Male or “F” for Female.

Instructions for Completing Part II

Items 14 through 21 will be completed as indicated:

Item 14 . Did veteran receive nasopharyngeal radium treatments while in active military, naval or air service? Block 173

Enter in Block 173 one of the following codes: Y(es); N(o); or U(nknown)

Item 15. Is there Evidence of Birth Defects Among Veteran's Children or Grandchildren? Block 174

Enter in Block 174 one of the following codes: Y(es); N(o); or U(nknown). If "Yes, please describe birth defects in Item 18 - "Remarks."

Item 16. Date of Examination - Blocks 175-182

Enter in Blocks 175-182 the numerical equivalent for the month, day, and year (e.g., 11/17/1988). If the veteran did not want an examination, note this in Item 18 "Remarks" section, and do not send the code sheet to the AAC- file this code sheet in veteran's chart. All eligible veterans claiming exposure to ionizing radiation should be offered the IRR examination.

Item 17. Possible Radiogenic Related Disease(s) - Blocks 183-218

Enter one of the following codes in Blocks 183-218 listing possible radiogenic-related diseases:

Y(es); N(o); or U(nknown).

All Blocks must be completed, as indicated on code sheet. **NOTE:** Refer to paragraph 9, for ICD-9 codes identifying the following radiogenic related diseases.

(1) Block 183 - None (If there were no radiogenic related diseases, enter a Y(es) in Block 183 and go to Item 18 "Remarks.)" No entries are required in Blocks 184-218.

(2) Block 184 - Leukemia, Lymphoid (except chronic lymphatic leukemia)

(3) Block 185 - Leukemia, Myeloid

(4) Block 186 - Leukemia, Monocytic

(5) Block 187 - Leukemia, Hairy Cell

(6) Block 188 - Leukemia, other

(7) Block 189 - Leukemia, unspecified cell type

- (8) Block 190 - Thyroid Cancer
- (9) Block 191 - Breast Cancer
- (10) Block 192 - Lung Cancer (malignant neoplasm of trachea, bronchus and lung)
- (11) Block 193 - Bone Cancer
- (12) Block 194 - Primary Liver Cancer
- (13) Block 195 - Skin Cancer
- (14) Block 196 - Esophageal Cancer
- (15) Block 197 - Stomach Cancer
- (16) Block 198 - Colon Cancer
- (17) Block 199 - Pancreatic Cancer
- (18) Block 200 - Kidney Cancer
- (19) Block 201 - Urinary Bladder Cancer
- (20) Block 202 - Salivary Gland Cancer (malignant neoplasm of major salivary gland)
- (21) Block 203 - Multiple Myeloma
- (22) Block 204 - Posterior Subcapsular Cataracts
- (23) Block 205 - Non-malignant Thyroid Nodular Disease
- (24) Block 206 - Ovarian Cancer
- (25) Block 207 - Parathyroid Adenoma
- (26) Block 208 - Tumors of the brain and central nervous system
- (27) Block 209 - Lymphomas other than Hodgkin's Disease
- (28) Block 210 - Cancer of the Rectum
- (29) Block 211 - Cancer of the Small Intestine

- (30) Block 212 - Cancer of the Pharynx
- (31) Block 213 - Cancer of the Bile Duct
- (32) Block 214 - Cancer of the Gall Bladder
- (33) Block 215 - Cancer of the Renal Pelves, Ureters, and Urethra
- (34) Block 216 - Cancer of the Prostate
- (35) Block 217 - Any other malignancies not previously listed; if Y(es), list on code sheet.
- (36) Block 218 - Other possible radiogenic diseases; if Y(es) list on code sheet. **NOTE:** *Other conditions may be recognized in the future.*

d. **Item 18. Remarks - Block 219** - This section should be used for noting informational comments, if applicable, such as elaborating on birth defects, noting if the examination was not performed, identifying the veteran's military unit assignment, etc. Also, if veteran is deceased, indicate so, and give the date of death, if available. **NOTE:** *Enter one of the following codes in **Block 219** indicating that you have or have not made any remarks in Item 18: Y=Y(es) or N=N(o)*

Item 19. Name of Examiner or RP (Print in Full).

Item 20 . Title of Examiner (Full Title).

Item 21. Signature of Examiner.

Item 22. Signature of RP (if other than examiner). The name and title of the examiner should be printed in the spaces provided and accompanied by the signature.

**SAMPLE OF COMPLETED VA FORM 10-0020A,
IONIZING RADIATION REGISTRY CODE SHEET**

Sample has been electronically imbedded in this Appendix. This form may also be found at:

<http://vaww.va.gov/forms/medical/searchlist.asp>



10-0020a.pdf

INSTRUCTIONS FOR PROCESSING CODE SHEETS

1. Submission of VA Form 10-0020A, Ionizing Radiation Registry Code Sheet to the Austin Automation Center (AAC) (formerly the Data Processing Center, Austin, TX).

Completed, legible copies of code sheets are submitted to the AAC to be entered into the Ionizing Radiation Registry (IRR). Code sheets should be scanned to ensure all required fields are completed. **NOTE:** *No medical record documentation should be attached to these code sheets.*

2. Batching of Code Sheets

a. Code sheets should be stapled in the upper-left hand corner. Completed code sheets will be batched in groups of no more than 25. Divisions of a consolidated facility must keep submissions separate, i.e., each batch will include code sheets from one facility.

b. Corrected code sheets do not have to be batched separately. They can be mailed with the regular code sheets as long as they are from the same facility.

c. If a veteran has had two examinations within the same mailing period, that is, an initial and follow-up examination, only the initial examination code sheet should be submitted in the batch. Hold the follow-up examination code sheet until it is certain the AAC has processed and accepted the initial examination code sheet. If submitted simultaneously, an error message may occur (see par. 6).

3. Transmittal Form

a. Two copies of the VA Form 7252, Transmittal Form for the Use in Shipment of Tabulating Data, will accompany each batch of code sheets. One copy will be retained at the AAC and the other copy will be returned by the AAC to the transmitting facility with the code sheets and the edit analysis printout, entitled "Transaction Report – Part II – Invalid Transactions." "Transaction Report – Part II, Valid Transactions," (code sheets that were accepted and data entered into the AAC dataset) will also be sent to the facility of origin, but will not include copies of code sheets.

b. If there were no examinations and/or code sheets processed for the month, no transmittal form is required.

c. Completion of VA Form 7252 is as follows (see sample):

Item 1 - Addressee - Department of Veterans Affairs, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001, ATTN: Input/Data Entry Contract Control/VADS Function.

Item 2 - Facility name and address - Enter facility name and address.

Item 3 - Reply reference - Enter facility number and routing symbol.

Item 4 - Leave blank.

Item 5 - Number of packages - Enter number of batches.

Item 6 - Dispatch date - Enter date submitting to AAC.

Item 6a - Final batch - Leave blank.

Item 7 - Official responsible for shipment - Enter name, title, and telephone number of individual responsible for transmitting code sheets to the AAC.

Item 8 - Tabulating data.

Column A - Leave blank.

Column B - Job Number - Enter "10" in first segment and "20A1" in second segment.

Column C - Description - First line enter "IONIZING RADIATION", second line enter "Facility Number," third line enter "Month Ending," fourth line enter "Batch Number," fifth line enter "Code Sheet Count," and sixth line enter "Cumulative Count (for calendar year)."

Columns D and E - Leave blank.

Item 9 - Remarks - Enter "VA Form 10-0020A's," and provide breakdown of "code sheet count" (Line 5) i.e. (5) initial (Type A), (2) follow-up (Type C), (1) deceased (Type X), etc.

4. Control Log

a. An Ionizing Radiation (IRAD) control log will be established and maintained at each facility. As batches are prepared for submission to the AAC an entry should be made on the batch control log. Using the control log, assign the appropriate number and record it on the transmittal form. Begin with batch number 001 for January of each year and continue with sequential numbers throughout the year, i.e., if there are 50 code sheets to be submitted to the AAC during the month of January, two batches will be prepared with the control log numbers 001 and 002.

b. The Control Log should consist of the following:

(1) Facility code number;

- (2) Batch number assigned sequentially by facility beginning with 001 in January of each year (also, to be recorded on transmittal sheet);
- (3) Number of code sheets in the batch (also, to be recorded on transmittal sheet);
- (4) Date the batch(es) was (were) mailed to the AAC; and
- (5) Date the batch(es) and associated edit output was (were) returned from the AAC.

5. Mailing

- a. Code sheets will be submitted to the AAC monthly.
- b. The mailing address for the AAC is:

Department of Veterans Affairs
Austin Automation Center (200/397A)
1615 Woodward Street
Austin, TX 78772
ATTN: Input/Data Entry Contract Control/VADS Function

c. The AAC will process the data from the code sheets once each month (25th). The AAC will return all rejected code sheets with the printout "Transaction Change and Error (Reject) Listing" to the transmitting facility. Code sheets that are correct and entered into the IRR dataset will not be returned to VA facilities. **NOTE:** *Rejected Code sheets should be corrected and returned to the AAC within 10 working days following receipt from the AAC.*

d. It is not appropriate to call the AAC in regard to questions on code sheet completion or correction. These questions should be referred to the Registry Coordinator (131), VHA Headquarters.

6. Transaction Reports

a. A computerized printout "Transaction Report – Part I – Valid Transactions" will be returned by the AAC to the transmitting facility listing the veteran's last name, middle initial, Social Security Number, type and date of examination. Since these code sheets were valid and data entered into the AAC registry, code sheets will not be returned to the facility of origin. They will be forwarded to Veterans Health Administration (VHA) Headquarters for archiving. This report may include the following information:

"Message – Transaction accepted, initial examination already established at (facility number); transaction will be processed as a follow-up examination for your facility."

Action - This code sheet does not have to be resubmitted to the AAC. It has been accepted as a follow-up examination. Indicate facility number where initial examination was obtained on computerized or card file. Also, the cumulative number of examinations in the monthly statistical report must be adjusted accordingly.

b. A computerized printout entitled “Transaction Report – Part II – Invalid Transactions” will be returned to the transmitting facility with the rejected code sheets. These printouts will list the veteran’s last name, first name, middle initial, Social Security Number, type and date of examination and describe the rejected or invalid field name, code sheet location, data, reason for rejection and fields to verify with any additional explanatory information.

***NOTE:** Facilities should verify the number of code sheets sent to the AAC against the Transaction Reports.*

c. Invalid or rejected code sheets where data has not been entered into the dataset are to be corrected as follows:

(1) White-out the incorrect entries and enter the correct data with RED pen or RED felt-tipped pen; OR

(2) Prepare a new code sheet with the corrections in the appropriate field(s). If a new code sheet is prepared for the return of a correction, do not complete just the corrected field(s)--ALL of the fields must be completed as if it were an initial input.

d. Examples of the messages on the “Transaction Report – Part II – Invalid Transaction:”

(1) “Rescinded VA Form 10-0020A, TT no longer valid. Use revised VA Form 10-0020A, TT.

(2) “Required entry not made.”

(3) “Response must be either a “Y,,” “N,” or “U.”

(4) “Response must be either a “M” or “F.”

(5) “Zip Code is invalid for State.”

(6) “Duplicate Follow-up Segment.”

Action - This message will appear if the examination date on the code sheet submitted on the veteran is identical to an examination date already existing in the registry. There is the possibility of a coding or entry error. Examination date should be verified using the computerized log, veteran's medical record, or AAC printouts. If there is a duplicate record, it should be deleted by submitting a code sheet in accordance with instructions for deleting a record (see App. D, Item 5.)

(7) "Message - No matching initial exam"

Action - When deletion of an initial record in the registry is attempted, the code sheet submitted with a type "B" must have the identical information as on the original record previously accepted into the registry, otherwise the deletion process cannot be carried out. Correct code sheet and resubmit to AAC within 10 working days.

7. Master File List

Twice annually (February and August) AAC will provide all facilities with a computerized printout entitled, "Ionizing Radiation Registry Master File List." This is a listing of all veterans who have been examined and accepted into the automated registry system. This AAC-generated master listing will assist in the verification of veterans who have been accepted into the system nationwide. This list will contain the following information:

- a. Veteran's full name,
- b. Social Security Number,
- c. Date of examination,
- d. Type of examination (initial and/or follow-up), and
- e. Facility where examination was performed.

8. Master Record Type (MRT)

The MRT or record type, associated with each transaction (i.e., each veteran's examination) is listed on the computerized printout. The MRT is generated by the automated IRR system after processing of the code sheets (transactions) submitted by facilities to the AAC. **NOTE:** *These printouts records will be replaced by Facility access to AAC IRAD dataset in the near future.*

NOTE: *The MRT should not be confused with the transaction "Type" (Item 5) which is indicated on VA Form 10-0020A.*

August 13, 1999

**VHA HANDBOOK 1301.1
APPENDIX G**

**SAMPLE OF COMPLETED VA FORM 7252, TRANSMITTAL FORM FOR USE
IN SHIPMENT OF TABULATING DATA**

A Sample of completed VA Form 7252 is not available electronically.